

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214516010			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PARTNERSHIP FOR A DRUG-FREE AMERICA, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1249921</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR</p> <p style="text-align: center;">CITY/ST/ZIP: NY, NY 10010</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN J PASIERB TITLE: PRES/CEO ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN J PASIERB TITLE: PRES/CEO ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN J PASIERB TITLE: PRES/CEO ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT L CARUSO TITLE: CFO ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT L CARUSO TITLE: CFO ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT L CARUSO TITLE: CFO ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALLEN ROSENSHINE TITLE: VICE CHAIRMAN ADDRESS: 1285 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10019 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ALLEN ROSENSHINE TITLE: VICE CHAIRMAN ADDRESS: 1285 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALLEN ROSENSHINE TITLE: VICE CHAIRMAN ADDRESS: 1285 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROY BOSTOCK TITLE: Chairman Emerit ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROY BOSTOCK TITLE: Chairman Emerit ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROY BOSTOCK TITLE: Chairman Emerit ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES E BURKE TITLE: CHRMN EMERITUS ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES E BURKE TITLE: CHRMN EMERITUS ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES E BURKE TITLE: CHRMN EMERITUS ADDRESS: 352 PARK AVENUE SOUTH 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Patricia Russo TITLE: CHAIRMAN ADDRESS: 352 Park Avenue South, 9th floor CITY/ST/ZIP/CO: New York, NY 10001 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Patricia Russo TITLE: CHAIRMAN ADDRESS: 352 Park Avenue South, 9th floor CITY/ST/ZIP/CO: New York, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patricia Russo TITLE: CHAIRMAN ADDRESS: 352 Park Avenue South, 9th floor CITY/ST/ZIP/CO: New York, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	Craig Brown	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Paul Bascobert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York , NY 10010		
NAME:	Bryan Beller	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Timothy Brosnan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Vicki Cohen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Nancy Hill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Alan Hoffman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Sydney Hunsdale	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	David Katz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York , NY 10010		
NAME:	Kathleen Keefe	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		
NAME:	Bill Koenigsberg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Park Avenue South, 9th floor		
CITY/ST/ZIP/CO:	New York, NY 10010		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Phillip Kwun DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Liodice DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ibra Morales DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mitchell Rosenthal DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. Lee Shaw DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Tatum DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carter Weiss DIRECTOR 352 Park Avenue South, 9th floor New York, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ruth Wooden DIRECTOR 352 Park Avenue South, 9th floor New York , NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEPHEN J PASIERB		STEPHEN J PASIERB, PRES/CEO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		3/26/2014	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			